

Abstracts

A19

rating quality-adjusted life years (QALYs) for use in an incremental cost-utility analysis.

PR3

BIPOLAR PATIENTS' STATED THERAPY PREFERENCES AND LIKELY ADHERENCE

Johnson FR¹, Özdemir S¹, Manjunath R², Burch SP²

¹Research Triangle Institute, Research Triangle Park, NC, USA;

²GlaxoSmithKline, Research Triangle Park, NC, USA

OBJECTIVE: To quantify the effect on adherence likelihood of patients' preferences for short-term outcomes and side effects of bipolar disorder treatments. **METHODS:** Patients with bipolar disorder (n = 469) completed a choice-format conjoint or stated-preference, web-enabled questionnaire that included a series of 11 hypothetical treatment choices. Each treatment alternative specified and varied the frequency and severity of manic episodes and the frequency and severity of depressed episodes, in addition to weight gain, cognitive difficulties, fatigue, and the risk of developing a life-threatening side effect. The patient's current treatment was included as one of 3 alternatives in 6 of the choice tasks. Each choice task was followed by a question on likely adherence to the chosen treatment. **RESULTS:** Patients preferred milder episodes of mania and depression. Reduced frequency of manic and depressive episodes contributes significantly to patients' satisfaction with treatments. The likelihood of choosing a treatment with an interval between mania episodes of 4–6 months is 2.5 times greater than the likelihood of choosing a treatment with an interval between manic episodes of 2–3 months. Patients were willing to sacrifice symptom control to avoid significant weight gain or cognitive effects. For example, the reduction in patient satisfaction from a 10–20 lb gain in weight compared to a 2–10 lb weight gain was similar to the difference in patient satisfaction between a severe and mild manic episode. Fatigue and risk of a life-threatening side effect were the least important attributes. Factors that reduce likely adherence are rapid cycling, significant weight-gain experience, and severe fatigue or cognition problems. **CONCLUSION:** In this study bipolar patients were willing to sacrifice mood-control benefits of therapy to avoid side effects, particularly weight gain and cognitive side effects. Preferred treatments encourage quantitatively significant improvements in stated adherence and thus should improve long-term treatment outcomes.

PR4

PATIENT PREFERENCE AND WILLINGNESS-TO-PAY FOR ANTICOAGULANT TREATMENT OPTIONS IN PATIENTS RECEIVING ORAL ANTICOAGULANT TREATMENT (OAT): A CONJOINT ANALYSIS EXERCISE

Monzini M¹, Carpenedo M², Moia M², Mantovani LG¹

¹Center of Pharmacoeconomics, Milan, Italy; ²IRCCS Maggiore Hospital and University of Milan, Milan, Italy

OBJECTIVES: New anticoagulant drugs, alternative to vitamin K antagonist (VKA) are currently under clinical evaluation. Patients' preferences should be considered in the development of new therapeutic strategies. Objective of this study was to elicit patients' preferences on different treatment options. **METHODS:** A conjoint analysis exercise, a technique for establishing the relative importance of different characteristics in the provision of a good or service, was applied to 96 patients on stable treatment with VKA followed by our anticoagulation clinic. Ninety-four patients (49 male 52.1%; mean age 57 ds = 13) completed the questionnaire. Patients had to choose between two different scenarios in 9 pair-wise comparisons. The attributes considered had previously been selected using an ad-hoc

questionnaire administered to a sample of 20 patients and 6 physicians. The following attributes were selected: cost of treatment for the patient (€0 vs. €15 vs. €75/month), route and number of administrations, monitoring frequency, interactions with drugs/food (attention required vs. not required), dose adjustment (required vs. not required), minor bleeding (few vs. no). **RESULTS:** The variable "cost" was a significant determinant in patients' choice. A monetary value could be assigned to each attribute. A significant monetary discrimination was reached for all attributes, except for dose adjustment. Patients are willing to pay per month: €62 for once/daily administration tablets vs. one subcutaneous weekly injection; €44 for once/daily administration tablets vs. two/daily administration tablets; €26 for once/monthly vs. twice/monthly visits; €22 for each 6 month vs. once/monthly visits; €22 for a drug which requires no attention to the interaction with other drugs/food; €14 for a drug without risk of minor bleeding. **CONCLUSIONS:** To our knowledge, our study is the first to elicit preferences from patients in OAT. The importance of this study is the achievement of patients' preferences in a simply and well accepted method to allow planning optimal health care.

Cost Evaluation Studies in Infectious Diseases

INI

COSTS ASSOCIATED WITH SHORTER DURATION OF ANTIBIOTIC THERAPY IN HOSPITALIZED PATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA

Opmeer BC, el Moussaoui R, Bossuyt PM, Speelman P, Prins JM, deBorgie CA

Academic Medical Center/University of Amsterdam, AMSTERDAM, Noord-Holland, The Netherlands

OBJECTIVES: To compare costs associated with short (3-day) versus standard (8-day) antibiotic therapy in hospitalised adult patients with mild to moderate-severe community-acquired pneumonia (CAP) in an economic evaluation as part of prospective double-blinded randomised controlled trial (RCT). **METHODS:** Randomised, double blind, placebo-controlled non-inferiority trial. Nine secondary and tertiary care hospitals in the The Netherlands. A total of 186 adults with a mild to moderate-severe CAP (pneumonia severity index ≤ 110). Patients who had substantially improved after 72 hours (n = 119) were randomly assigned to receive 5 days of either oral amoxicillin or placebo thrice daily. Direct and indirect medical and non-medical costs associated with resource utilisation during treatment and follow-up until 28 days after randomisation. **RESULTS:** We randomised 56 patients to placebo and 63 to active treatment. Health outcomes in terms clinical success rates and symptom recovery of were comparable in both study groups. The average cumulative total costs generated during the first 10 days (treatment) were €3320 for standard versus €3352 for short antibiotic treatment (€32 in favour of standard duration); during the follow-up until day 28 these costs were €1072 versus €879, respectively. The overall difference in costs was €159 in favour of short therapy (€4391 versus €4232, respectively). **CONCLUSIONS:** Shorter antibiotic treatment is equally effective and does not generate additional costs, as compared to standard treatment in hospitalised patients with mild to moderate-severe CAP who have substantially improved after three days of treatment. Although clinical and economic outcomes for the individual patient are comparable, the relevance of the findings concern the societal level, as a potential reduction in the use of antibiotics may slow down the development of antibiotic resistance and need for costly development of new antibiotic therapies.